

1060 U.S. PTO
08/08/01

09924075.080801

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PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box ☐

Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	
First Inventor	HOSKOTE, B. SUNDARESH
Title	FIRST AID HATS / FIRST AID CAP
Express Mail Label No.	

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- ☒ Applicant claims small entity status.
See 37 CFR 1.27.
- ☐ Specification [Total Pages **22**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **10**]
- ☐ Oath or Declaration [Total Pages **2**]
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patent:
Box Patent Application
Washington, DC 20231

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - ☐ Computer Readable Form (CRF)
 - Specification Sequence Listing on:
 - ☐ CD-ROM or CD-R (2 copies); or
 - ☐ paper
 - ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee)
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449
- ☐ Preliminary Amendment
- ☐ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
- ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other:

8. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: **29,141,813**
Group Art Unit: **2900**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

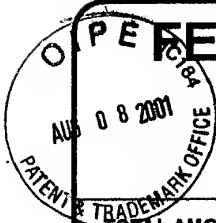
19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or	<input checked="" type="checkbox"/> Correspondence address below
Name	HOSKOTE, B. SUNDARESH		
Address	13501, CHAMPIONS WAY		
City	GERMANTOWN	State	MD
Country	U. S. A	Telephone	301-916-4013
		Fax	301-916-4065

Name (Print/Type)	HOSKOTE, B. SUNDARESH	Registration No. (Attorney/Agent)	NIL
Signature	H. B. Sundaresh	Date	08/03/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL **for FY 2001**

Patent fees are subject to annual revision.

Complete if Known

Application Number	29/141,813
Filing Date	05/14/2001
First Named Inventor	HOSKOTE - B. SUNDARESH
Examiner Name	
Group Art Unit	2900
Attorney Docket No.	

TOTAL AMOUNT OF PAYMENT (\$)**490.00****METHOD OF PAYMENT**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

☐ Payment Enclosed:

☐ Check ☒ Credit card ☐ Money Order ☐ Other
FEE CALCULATION**BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	355.00
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)**355.00****EXTRA CLAIM FEES**

Extra Claims	Fee from below	Fee Paid
total Claims - 20** =	X	
Independent Claims - 3** =	X	
Multiple Dependent		135.00 = 135.00

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**135.00**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**900.00****SUBMITTED BY**

Name (Print/Type)	HOSKOTE - B. SUNDARESH	Registration No. (Attorney/Agent)		Telephone	301-916-4013
Signature	H. B. Sundaresb	Date	08/03/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)
\$ 160.00

Complete if Known

Application Number

Filing Date

First Named Inventor

HOSKOTE - B. SUNDARESH

Examiner Name

Group Art Unit

Attorney Docket No.

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Name

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Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status.
See 37 CFR 1.27

2. ☒ Payment Enclosed:

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Order ☐ Other

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Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

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107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)
160.00

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid

Total Claims -20** = X =

Independent Claims -3** = X =

Multiple Dependent =

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims over original patent

110 18 210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)
NIL

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)

105 130 205 65 Surcharge - late filing fee or oath

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121 270 221 135 Request for oral hearing

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179 710 279 355 Request for Continued Examination (RCE)

169 900 169 900 Request for expedited examination of a design application

Other fee (specify) _____

SUBTOTAL (3) (\$)
NIL

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Name (Print/Type)

HOSKOTE - B. SUNDARESH

Registration No.

(Attorney/Agent)

NIL

Complete (if applicable)

Telephone

301-916-4013

Signature

H. B. Sundaresh

Date

05/09/01

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Certificate of Mailing under 37 CFR 1.8

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**Assistant Commissioner for Patents
Washington, D.C. 20231**

on 05/10/01
Date

H. B. Sundaresh

Signature

HOSKOTE . B. SUNDARESH

Typed or printed name of person of signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

APPLICATION NOS : 29/141,813
FILLING DATE : 05/14/01
TITLE : FIRST AID HATS / CAPS
INVENTOR : HOSKOTE .B. SUNDARESH

From,

Hoskote.B.Sundaresh
891 , Clopper Rd, Apt B-2,
Gaithersburg, MD, 20878
U.S.A
Tel : 240-246-1570

To,

Attn : Ms Delora Dillard
Office of Initial Patent Examination
Washington DC,
U.S.A.
Fax Nos : 703-305-9822

Sub : Change of Address

Dear Madam,

I wish to bring to your kind attention that a request for change of address that I mailed to your office, several months ago, has not been noted in your, PALM DATABASE. I would greatly appreciate it, if you could note the new address as mentoned above, as soon as possible.

Old Address,

13501, Champions way,
Germantown, MD, 20874
U.S.A
Tel Nos : 301-916-4013

New Address,

891, Clopper Rd, Apt B-2,
Gaithersburg, MD, 20878.
U.S.A
Tel : 240-246-1570

Thanking you,

Yours Sincerely,

Hoskote.B.Sundaresh
10/01/02

11 11 11



09924025.080801

From,

Hoskote.B.Sundaresh

13501, Champions Way,

Germantown, MD, 20874

Tel : 301-916-4013

To,

Assistant Commissioner for Patents,

Box Patent Applications,

Washington DC ,

20231

REF : **APPLICANT** : **HOSKOTE . B . SUNDARESH**

APPLICATION NOS : **29 / 141, 813**

FILLING DATE : **05/14/2001**

TITLE : **First Aid Hats / First Aid Caps**

Dear Sir / Madam,

This filing is a **continuation of the original filing / application** filed on the 14th of May 2001. I wish to **file a utility application, in addition to a design application** already with you, so that I may get protection, for all aspects of the invention, including both the product and the process. I would like to claim priority for this filing, for a **UTILITY PATENT**, on the basis of my first filing. I am herewith enclosing , the appropriate fees for the same, and all the appropriate documents for it.

Thanking You,

Yours Sincerely,

H. B. Sundaresh

Hoskote. B . Sundaresh,

08/03/01



09924075.080801

LIST OF CONTENTS OF UTILITY PATENT APPLICATION

INVENTOR : HOSKOTE . B . SUNDARESH
APPLICATION NOS : 29 / 141, 813
FILING DATE : 05 / 14 / 01
TITLE : FIRST AID HATS / FIRST AID CAPS

1. COVERING LETTER : ONE PAGE
2. PTO / SB / 21 (TRANSMITTAL FORM) : ONE PAGE
3. PTO / SB / 17 (FEE TRANSMITTAL FORM) : ONE PAGE
4. PTO / SB / 01 (DECLARATIONS) : TWO PAGES
5. PTO / SB / 05 (UTILITY PATENT APPLICATION
TRANSMITTAL FORM) : ONE PAGE
6. CREDIT CARD PAYMENT
FORMS (AMT : \$ 490.00) : TWO COPIES
7. SMALL ENTITY STATUS LETTER : ONE PAGE
8. SPECIFICATIONS : 17 PAGES
9. CLAIMS : 5 PAGES
10. DRAWINGS : 10 PAGES
11. NOS OF FIGURES OF DRAWINGS : 16 FIGURES
12. DECLARATION (INCLUDED) : TWO PAGES

H.B. SUNDARESH

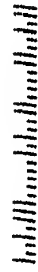
891 Clopper Rd, Apt B2

Gaithersburg, MD, 20878

TO,

Assistant Commissioner for
Patents

Washington DC 20231



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